King County

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**Community and Human Services**

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# FINAL PROCUREMENT PLAN
## Veterans and Human Services Levy: 3.4
## Program to Enhance Active, Rewarding Lives for Seniors (PEARLS) Program

### 1. Goal (Overarching Investment Strategy)

The Veterans and Human Services Levy Service Improvement Plan (SIP) set a goal of increasing and enhancing access to behavioral health services for King County residents who are 55 years or older, live at home, and are mildly depressed. Older veterans and their spouses who are 55 years of age or older, and older non-veterans are eligible for the provision of an in-home therapy model known as the Program to Enhance Active, Rewarding Lives for Seniors (PEARLS).

### 2. Objective (Specific Investment Strategy)

Expand and extend availability of in-home mental health services: Invest in services to treat depression in chronically ill and disabled elderly veterans, as well as elderly who have transitioned from homelessness to permanent housing.

Provide in-home depression treatment for older veterans and older non-veterans who are chronically ill or have disabilities using the PEARLS intervention model (King County Veterans and Human Services Levy Service Improvement Plan – page 23).[1]

### 3. Service Needs and Populations to Be Served

The population to be served is King County residents aged 55 years or older who live at home and have minor depression. This includes veterans, spouses of veterans, and non-veteran older adults.

The need for expanded, in-home mental health treatment for older adults in King County is for lower-income older veterans and older non-veteran adults with mild depression symptoms who have chronic illnesses and/or disabilities.

The Centers for Disease Control Prevention Research Centers (CDC) estimate that approximately 14 percent of older adults experience minor depression.[2] In King County,

[1] *King County Veterans and Human Services Levy Service Improvement Plan*, 2006.

minor depression could be impacting the lives of 35,000 or more adults aged 55 years or older (2000 Census data extrapolated to 2007).

Jeffrey Lyness, M.D. states that "A large body of evidence from epidemiological studies demonstrates that most elders with clinically significant depressive symptoms do not meet diagnostic criteria for major depressive disorder. However, the cumulative functional morbidity of these so-called lesser conditions actually exceeds that of major depression among the elderly".[3] In other words, elders with depression typically do not exhibit the expected symptoms.

One of the dangers of not recognizing and addressing depression in older adults, particularly older males, is their higher incidences of suicides and suicide attempts.[4] The National Institute for Mental Health notes that older adults represent 13 percent of the population in the United States, yet account for 20 percent of all suicide deaths. In fact, older white males aged 85 years and older are 6 times more likely to commit suicide (65.3 deaths per 100,000 in 1996) than other older adults.[5]

Symptoms of minor depression include feelings of hopelessness or sadness, and a loss of interest or pleasure in previously enjoyed activities. Older adults experiencing minor depression often are also facing loss of friends and family, isolation, and chronic disease (for example, diabetes, multiple sclerosis, or heart disease). According to the CDC, "seniors who have diabetes are more than twice as likely as other people their age to be depressed".[2]

In 2006, the Surgeon General of the United States issued a report titled "Mental Health: A Report of the Surgeon General".[6] Chapter Five, pages 5 and 6 of this report includes a discussion of potential barriers that older adults face regarding diagnosis and treatment of major or minor depression. These barriers can include the perceived notion that depressive symptoms are an inevitable part of aging. As the report notes, physicians may also "hold such stereotyped views".

Elders with chronic disease or disabilities are specified in the Levy's Strategic Investment Plan. The President's New Freedom Commission on Mental Health issued a report in July, 2003 that cites mental illnesses as the leading causes of disability worldwide.[7] Page nineteen of the report notes that mental illnesses (including depression) account for nearly 25 percent of all disability across major industrialized countries. Several studies have observed a significant association between depressive symptoms and diabetes mellitus in the United States (Lustman *et al.* 2000[8]; Anderson *et al.* 2001[9]). The prevalence of depressive symptoms

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[2] CDC Prevention Research Centers – *PEARLS Program Gives Seniors with Minor Depression New Hope*, January 2007. http://apps.nccd.cdc.gov/

[3] *Treatment of Depressive Conditions in Later Life*, Journal of the American Medical Association, April 7, 2004, Vol. 291, No.13, p.1626

[4] Conwell Y, Duberstein PR, Caine ED. *Risk Factors for Suicide in Later Life*. Biological Psychiatry. 2002:52:193-204

[5] http://www.nimh.nih.gov/pulicat/elderlydepsuicide.cfm

[6] http: www.surgeongeneral.gov/library/mentalhealth

[7] The President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming mental health care in America*, Final Report. July 2003

[8] Lustman PJ, Anderson RJ, Freedland KE, et al. *Depression and poor glycemic control: a meta-analytic review of the literature*, Diabetes Care. 2000;23:934-942.

in people with diabetes mellitus has been reported to be as high as 31.7 percent (Anderson *et al.* 2001) compared to an estimated 10 percent prevalence of depressive symptoms in the general population (Judd *et al.* 1997[10]).

A significant association between depressive symptoms and diabetes mellitus has also been observed within various ethnic groups. For example, Grandinetti *et al.* 2000[11] observed that the prevalence of depressive symptoms was significantly higher among Native Hawaiians with type 2 diabetes (26.9 percent) compared to those with other chronic illnesses (15.2 percent) and those without a chronic illness (13.1 percent). Similarly, Black (1999) observed that the prevalence of depressive symptoms was significantly higher in older Mexican-Americans with diabetes mellitus (31.1 percent) compared to those without diabetes mellitus (24.1 percent). [12]

As noted earlier, estimates are that 35,000 or more older adults living in King County may have symptoms of minor depression. The Veterans and Human Services Levy provides funding to address minor depression in older adults by using a behavioral approach such as the PEARLS model. A brief informal survey of King County community mental health clinics revealed the scarcity of therapeutic options for low income older adults who are not Medicaid eligible. The PEARLS model has been designed to provide free-of-charge assistance to older adults living in their own homes. Levy funding will allow this assistance to be provided at no cost to the participants. In addition, Levy funding will be contracted for an alternative depression intervention to allow for a comparison of effectiveness between the two approaches.

## 4. Funds Available

| | |
|---|---|
| Total Veterans Levy funding over the length of the Levy: | $448,000 |
| Total Human Services Levy funding over the length of the Levy: | $448,000 |
| Total Veterans and Human Services Levy dollars for PEARLS: | $896,000 |

The proposal is to allocate a total of $224,000 each year beginning in 2008 and ending 2011.

Two thirds of the total funding ($600,000 – $300,000 from each levy fund) will be contracted with Aging and Disability Services to expand the current PEARLS model which is utilized by Aging and Disability Services for case management clients. The program is described more thoroughly under Section 6, Program Description

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[9] Anderson RJ, Freedland KE, Clouse RE, Lustman PJ. *The prevalence of comorbid depression in adults with diabetes: a meta-analysis*, Diabetes Care. 2001;24:1069-1078.
[10] Judd LL, Akiskal HS, Paulus MP. *The role and clinical significance of subsyndromal depressive symptoms (SSD) in unipolar major depressive disorder*, Journal of Affective Disorders. 1997;45:5-17.
[11] Grandinetti A, Kaholokula JK, Crabbe KM, et al. *Relationship between depressive symptoms and diabetes among native Hawaiians*, Psychoneuroendocrinology. 2000;25:239-246
[12] Black SA, Markides KS. *Depressive symptoms and mortality in older Mexican Americans*, Annals of Epidemiology. 1999;9:45-52.

A total of $280,000 ($140,000 from each levy fund) will be available through a request for proposals to solicit a different model to use for depression intervention with older veterans and older non-veterans with minor depression. The use of a different approach will allow a comparison of results and effectiveness of the models.

*Note: see explanation under Section 6, Evidenced-based or best practice information (page 5) for the rationale for reallocating this money to the PEARLS model.*

The remaining total balance of $16,000 ($8,000 from each levy fund) will be contracted with the University of Washington's Health Promotion and Research Center for their assistance in evaluating the results of the two intervention programs.

**5. Geographical Coverage**

The funds will be used for depression intervention for mildly depressed older veterans and older non veterans who live in King County. Currently, based on the 2000 Census data for people aged 60 years and older, the highest numbers of older King County residents live in Seattle (84,969), South Urban (69,996) and North East Urban (52,753). Geographic data on the location of veterans and their spouses is not available on an age-specific basis.

The Census Bureau estimates, using 2000 data and extrapolating it to 2005, that 8.9 percent of King County adults aged 65 years or older have incomes less than the federal poverty level. A family of two with an annual income of $13,690 is considered to be at the 100 percent poverty level.[13]

The following table is included in the draft Area Plan on Aging, and shows where adults with low incomes, aged 65 years or older, live in King County. [14] Older veterans and their spouses are included in this data. In 2007, the DCHS Community Services Division (CSD) began gathering data on the veterans' status of clients in all Community Services contracted programs. This will allow CSD to report more comprehensive data for veterans, including geographic location in King County.

[13] www.cms.hhs.gov/MedicaidEligibility/07_IncomeandResourceGuidelines.asp
[14] Draft Area Plan on Aging 2008-2011, Section B-1, Population Profile, page 22.

**Adults Aged 65+ With Incomes Below Poverty by King County Subregion**

| Subregion | Total 65+ | 65+ Below Poverty | Percent of Total |
|---|---|---|---|
| East Rural | 2,565 | 120 | 4.7% |
| East Urban | 38,952 | 1,835 | 4.7% |
| North Urban | 15,319 | 752 | 4.9% |
| Seattle | 67,804 | 6,709 | 9.9% |
| South Rural | 4,679 | 359 | 7.7% |
| South Urban | 51,126 | 3,132 | 6.1% |
| Vashon | 1,327 | 30 | 2.3% |
| **TOTAL** | **181,772** | **12,937** | **7.1%** |

## 6. Evidence-based or Best Practice Information

a. In 2007, evidence-based treatment options for King County's older adults experiencing mild depression and living on lower incomes are limited. Unutzer et al.[15] reported that the results of the PEARLS program showed substantial improvement in the treatment group compared to the control group. The Centers for Disease Control and Prevention also reported the effectiveness of the PEARLS program.[16]

b. Appendix B of the SIP[17] includes best practices that apply to at risk older adults who are experiencing symptoms of minor depression. These best practices include:
   1) Non-threatening, flexible approaches to learning about and getting connected to needed services. The PEARLS program provides that kind of one-on-one approach for addressing problems in the client's life;
   2) Self-help programs: one of the primary goals of the PEARLS program is to teach the client how to identify problems and to develop workable solutions to resolving the problems;
   3) Access to needed mental health care for all persons, regardless of eligibility for long-term enrollment in the publicly-funded mental health system. As alluded to earlier in this document, low-income adults with minor depression have few options for obtaining assistance;
   4) Services are culturally and linguistically accessible and appropriate.

Other models for depression intervention in older adults will be solicited through a request for proposals. Examples of depression intervention models include:

a. One-on-one therapy with a trained geriatric mental health specialist. This approach is effective with many, although older adults of certain generations are hesitant to acknowledge mental illness, including minor depression. At this time, older adults with limited incomes have few options for obtaining one-on-one therapy.
b. The senior peer support model operated by the Snohomish Services organization,
c. Using anti-depressant medication in conjunction with therapy,

[15] Unutzer J, Katon W, Callahan CM, et al, for the IMPACT Investigators. *Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial.* Journal of the American Medical Association. 2002:288:2836-2845.
[16] CDC Prevention Research Centers. *PEARLS Program Gives Senior with Minor Depression New Hope*, 291,No.13,p.1626.
[17] *King County Veterans and Human Services Levy Service Improvement Plan*, 2006; Appendix B; B-55- 60.

d. Online programs such as Psych Tracker and Mood Journal are online programs that encourage participants to note moods and symptoms on a daily basis. Theoretically, over time participants will begin to see patterns and "trigger points" which will allow them to manage their moods more easily.

*Note: After a Request for Proposals was issued and extended for an additional two weeks, no proposals were submitted by community providers. DCHS/CSD Aging staff contacted several agencies to determine why they had not submitted proposals, particularly since these agencies had expressed initial interest. Responses from the agency staff ranged from "the requirement to serve people from the entire county was too onerous for the amount of available funding", to "the requirement to serve veterans was outside their identified client population". As a result of the lack of proposals and the responses from the agencies, staff recommended to the two Levy Boards that the funding for the "other model for depression intervention to older adults" be combined with the PEARLS model funding. The members of the Joint Strategy 3 Levy Board Subcommittee agreed with that decision. In 2009, if additional funding becomes available for this activity, we may reconsider funding an additional depression intervention program.*

**7. Program Strategy and Description**

PEARLS Model: The proposal is to provide the PEARLS program each year to a minimum of 70 unduplicated veterans or spouses of veterans who are 55 years or older, and a minimum of 70 unduplicated non-veterans who are 55 years or older living in King County. Annual contracts will be funded beginning in January, 2008 and will end in December 2011. The four-year expected, total number of participants is 560 unduplicated older veterans, spouses of veterans, or non-veterans.

PEARLS is a counseling program that teaches depression-management techniques to older adults who experience minor depression. The original design of the model is to provide to older adults with minor depression eight sessions of a multimodal treatment that include problem solving treatment, pleasant events scheduling, psychiatric oversight, supervision and medication management. The sessions are provided in the client's home by a trained therapist at no charge to the client. Initially, the sessions are provided on a weekly basis, then bi-weekly, then once a month, ending with follow-up calls once a month for between 3 to 6 months. By the completion of the program, a significant number of clients will be able to more easily identify solutions to problems. This often results in more confidence, increased physical and social activity, and an enhanced sense of control and mastery in their lives. For example, one client after completing the program said "I always moaned about the things I couldn't do. PEARLS helped me focus on the things I can do."

The PEARLS model is used by Aging and Disability Services (the designated Area Agency on Aging for King County) in its case management program. Investing the Levy funds into expanding the PEARLS model will allow the expansion of the evidence-based approach to older veterans, their spouses, and an increased number of older adults living in King County.

Results of the ongoing PEARLS program shows that 42 percent of the participants are persons of color, living throughout King County. What is not known, at this time, is the number of participants who were/are Veterans, or spouses of Veterans. What is known is that

in 2006, 349 veterans were served in programs offered by Aging and Disability Services. The Levy funds for an expanded program will allow for the analysis of the effectiveness of the PEARLS program for older veterans.

Outreach and recruitment of older veterans who are experiencing mild depression will include, but not be limited to, strategies such as placing notices of depression intervention opportunities on the websites or in the physical locations of organizations such as the Veterans of Foreign Wars; African American Veterans Group, Vietnam Veterans of America, American Legion, Veterans of Military Order of the Purple Hearts, AmVets, the Disabled American Veterans, the National Association of Black Veterans, the Washington State Department of Veterans Association. and the offices of the DCHS/Veterans program located in King County.

Aging and Disability Services will determine effective recruitment methods for recruiting older veterans and their spouses. Three possible methods being considered are:

a. Review the depression scores of veterans currently enrolled in the case management program. ADS will also review the CARE assessment tool (used for screening all case management clients) for mental status test scores, and mental health diagnoses.
b. Review the clients in the new King County Care Partners program to determine the number who are veterans. The clients in this program are low income people with multiple conditions, high needs, and some are homeless or recently homeless.
c. Contract agreements will be arranged with community partners who serve veterans, their families, and previously homeless veterans who are depressed and in need of problem-solving techniques.

The organizations funded by the Veterans and Human Services levy to provide alternative behavioral approaches will also be required to submit viable plans for reaching out to and recruiting older adults living with minor depression who are veterans, spouses of veterans, adults from communities of color, and other adults.

*Note: As described on page 5, under Section 6, Evidenced-based or Best Practice Information, an alternative behavioral approach will not be funded in 2008.*

One important issue that will require attention by the organizations providing the treatment options is the need to address the perceived stigma of depression. As noted in the previously referenced report by the President's New Freedom Commission on Mental Health, "stigma is particularly pronounced among older adults, ethnic and racial minorities, and residents of rural areas." [18]

[18] The President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming mental health care in America*, Final Report. July 2003, page 20.

## 8. Disproportionality Reduction Strategy

The April, 2004 article in the Journal of the American Medical Association states that older adults face many barriers when attempting to obtain mental health care. The barriers include "disparities in Medicare reimbursement for depression and other mental illnesses compared with 'physical' disorders." The article goes on to observe that "the current system can only be described as discriminatory and, in many cases, results in prohibitive costs for elders".[19]

Depression appears to be more prevalent in people with chronic diseases such as diabetes, multiple sclerosis and heart disease (Lustman el al. 2000 [20]; Centers for Disease Control, 1990-98[21], *Healthy People 2010*[22]). In addition, research studies over the past decade have documented the higher rates of chronic diseases in persons of color, particularly diabetes, cancer, HIV/AIDS, and heart disease (Halvorson and Isham, 2003[23]). Thus, the prevalence of depression in persons with chronic disease could be expected to be higher in persons of color.

One potential complication in treating older persons of color who may be depressed is that they and/or their physicians may not recognize or acknowledge the symptoms. Gallo et al, 2005[24], found that "Older black patients were less likely than older white patients to be identified as depressed… and their depression was less likely to be actively managed". Yang et al, 2005[25], found that "lower education, greater functional disability, lower sense of mastery, and poor satisfaction with support" were common risk factors for developing depression for all ethnicities. However, age, gender, and "religiosity" had differing impacts for developing depression depending on ethnicity.

[19] Ciechanowski P, Wagner E, Schmaling K, et al. *Community-Integrated Home-Based Depression Treatment in Older Adults*, Journal of the American Medical Assoication, April 7, 2004 – Vol 291, No. 13, 1569-1577.

[20] Lustman PJ, Anderson RJ, Freedland KE, et al. *Depression and poor glycemic control: a meta-analytic review of the literature*, Diabetes Care, 2000;23:934-942.

[21] Centers for Disease Control and Prevention. National Center for Health Statistics, *Trends in Racial and Ethnic-Specific Rates for the Health Status Indicators*: United States, 1990-98 Washington, D.C.: U.S. Government Printing Office, Jan. 2002.

[22] *Healthy People 2010*. Washington, D.C.: U.S. Department of Health and Human Services

[23] Halvorson G.C. and Isham G.J. 2003, *Epidemic of Care*. Published by Joshey-Bass.

[24] Gallo JJ, Bogner, HR, Morales KH, et al. Archives of Internal Medicine, 2005. *Patient Ethnicity and the Identification and Active Management of Depression in Late Life*, 165:1962-1968.

[25] Yang Y, Borenstein AR, Chiriboga DA, and Mortimer JA. 2005. *Depressive Symptoms Among African American and White Older Adults*, The Journals of Gerontology Series B: Psychological Sciences and Social Sciences; Vol. 60B, No. 6:P313-P319.

King County has a diverse older adult population. The following chart is based on 2000 Census Data for older King County residents aged 60 years or older.

| Race/Ethnicity | Number | Percent |
|---|---|---|
| African American | 8,573 | 3.6% |
| Asian | 21,646 | 9.0% |
| Multi-racial | 3,174 | 1.3% |
| Native American | 1,301 | 0.5% |
| Other | 1,151 | 0.5% |
| Pacific Islander | 418 | 0.2% |
| White | 203,594 | 84.9% |
| Total | 239,857 | 100.0% |
| Hispanic/Latino* (overlaps with other categories) | 3,627 | 1.5% |

The PEARLS program is being used with clients of Aging and Disability Services. Aging and Disability Services is the designated Area Agency on Aging for King County. It is governed under a partnership agreement with United Way, King County, and the City of Seattle. ADS maintains two offices, one in Seattle, and one in Renton. Each office has 45 case managers who have an average caseload of 88 clients. ADS is administratively located within the City of Seattle and the City of Seattle is one of ADS' sponsors. The City of Seattle is committed to ending racial and ethnic disproportionality, as well as fostering multiculturalism as workforce and community assets.

In order to address the issue of lack of identification of depression in older adults, ADS will use the increased Veterans and Human Services funding to issue a Request for Proposals in order to contract with agencies serving older adults from diverse communities. The funding will be used to hire 2 additional trained PEARLS counselors from these agencies to provide depression intervention for in-home participants.

The Veterans and Human Services Levy funds dedicated to an alternative depression intervention program will be awarded to the organization(s) that demonstrates the presence of a plan to educate its staff on cultural diversity and the need for cultural competence, demonstrates the best approach to marketing to communities of color, and that shows an observable commitment to serving communities of color at higher levels than are present in King County.

*Note: for reasons described on page 5, Section 6, an alternative depression intervention program will not be funded in 2008.*

Both contracted organizations will be required to identify viable outreach and recruitment strategies for enrolling older veterans.

## 9. Coordination/Partnerships

a. Aging and Disability Services is the designated Area Agency on Aging for King County. United Way, City of Seattle, and King County are the three sponsoring organizations for ADS. These organizations serve as the primary funders for aging services in King County.
b. University of Washington's Health Promotion and Research Center (HPRC) developed and researched the PEARLS program in collaboration with Aging and Disability Services. The University of Washington's HPRC staff has expressed interest in working with King County as part of the evaluation team. Presently, the University of Washington has agreed to provide up to $6,000 per year in consultation services.
c. King County is one of the originating partners in the Healthy Aging Partnership. The group consists of multiple public and nonprofit agencies which meet together on average once a month. The partnership includes: Harborview Medical Center, Aging and Disability Services, United Way of King County, Senior Services of Seattle/King County, King County Department of Community and Human Resources/Community Services Division, AARP, Comprehensive Health Education Foundation, University of Washington's Health Promotion Research Center, Alzheimer's Association, and Public Health-Seattle & King County.
d. The Seattle Division of the Veterans Affairs Puget Sound Health Care program provided data for this procurement plan. Current conversations are taking place to determine how referrals might be made to the PEARLS program and the alternative depression intervention program.

## 10. Timeline

The proposal is to address minor depression in older adults by two approaches.

Approach A: Issue a sole-source contract for two-thirds of the available funds to Aging and Disability Services, which is the organization that is currently administering the original PEARLS model here in King County. Aging and Disability Services will issue a Request for Proposals, select agencies which are able to recruit and serve older adults throughout the county, subcontract with the selected agencies, and submit reports on the results to King County. Two new PEARLS counselors will be hired from the agencies.

Approach B: King County DCHS/CSD-Aging will issue a RFP to implement an alternative approach to assisting older adults with minor depression. This approach must be evidenced-based and include best practices as outlined above.

Timelines are included for both options in the following section:

Approach A: Sole Source:
September 2007: Negotiate contract, collect standard exhibits
December 2007: Complete contract process.
January 1, 2008: Contract begins

Approach B. Request For Proposal Schedule:
September: Develop RFP with related information and rating materials.
October: Convene bidders conference
November: Collect proposals on due date
November: Rate and select applicants;
November: Negotiate contract, and complete the contracting process.
Contract(s) begin: January 1, 2008.

**11. Funding/Resource Leverage**

| | |
|---|---|
| Total amount for Veterans Levy/PEARLS: | $448,000 |
| Total amount for Human Services/PEARLS | $448,000 |
| Grand total: | $896,000 |

Aging and Disability Services receives funding for the case management program from Medicaid and the Washington State Senior Citizens Services Act. The PEARLS program operates out of the case management program. The Veterans and Human Services Levy funding for the PEARLS program builds on, or leverages the Medicaid and SCSA funds that support the current program. Participants in the PEARLS program will have access to other services provided through the case management program. ADS plans to continue seeking funding to expand the PEARLS program in order to increase the outreach and service to communities of color and diversity, and to provide increased education to physicians on the need for depression screening in elderly clients. The Veterans and Human Services Levy funds will serve as leverage for seeking increased funding from other sources.

The University of Washington Health Promotion Research Center plans to assist in evaluating the results of the two depression intervention strategies. The amount of funds provided for this assessment through the Levy funds will not cover the full cost of the University of Washington's participation. The estimated leveraged amount is $24,000 over the 2008-2011 timeframe.

The community-based program(s) that are awarded the Levy funding for the alternative intervention approach will be encouraged to leverage other government and private funding to continue the sustainability of the program.

**12. Outcomes**

Each of the following outcomes will be tracked by ethnic group:

a. Participants' pre and post scores on a depression scale will show reduction in post scores.
b. Housing situation will be maintained for a minimum of three months after enrolling in the program.
c. Participants will report improved ability to effect positive changes in life.
d. Participants will represent a range of diversity, with higher percentages of persons of color than are present in the community.

## 13. Dismantling Systemic/Structural Racism Strategy

Undoing systemic and structural racism is a priority of King County's Department of Community and Human Services (DCHS). As the Request for Proposals is developed, the Community Services Division and the Aging Program will work with the DCHS Undoing Institutional Racism Committee to ensure that the process is inclusive and accessible to community organizations that serve racially and ethnically diverse populations. Technical assistance will be available to those organizations unfamiliar with the Request for Proposal process, and a bidders conference will be held to further the opportunities to ask questions and gain clarification on the goals and objectives.

Aging and Disability Services, while serving all of King County, is housed within the City of Seattle's Human Services Department. The following key principles are found on the Human Services Department's internal website:

Undoing Institutional Racism Principles:

a. Accountability to and among community, program participants, contractors, consultants, service providers, and businesses) and staff;
b. Community Leadership in all program development, implementation and evaluation, and in setting Department policy;
c. Support for community organizing efforts;
d. Ongoing analysis of HSD practices (planning, implementation and maintenance) regarding undoing systemic racism efforts within all Department programs;
e. Cross-divisional networking and resource sharing to better support communities.

In addition to adhering to the above principles, ADS has hired community-level case managers and care managers to be advocates for elders in the health care system in order to help counterbalance the power of healthcare providers/payers. Over the past twenty-five years, ADS has sought to provide funding to racial and ethnic communities through culturally relevant entities such as Mutual Assistance Associations and ethnic agencies. One example is that in addition to funding the Senior Information and Assistance program, funding is also provided to the Special Information and Assistance program for ethnic minority communities.

## 14. Cultural Competency

DCHS and its divisions and programs have made cultural competency an area of focus for all staff. Training sessions for staff on how to factor cultural competency into the RFP process began in the spring of 2007. Providing culturally competent and appropriate services to clients in either of the depression intervention programs is a goal for the Levy funds.

The Request for Proposal for the alternative therapeutic intervention will highlight the need for the successful organization to demonstrate how it values diversity, provides training to the staff on the diverse cultural contexts of the clients that the program serves, and has a diverse staff that reflects the clients served in the program. An important component will be how the organization will recruit older veterans, and what strategies will be used to meet the unique needs of older veterans who are struggling with depression.

As noted earlier, results of the PEARLS program shows that 42 percent of the participants were from diverse communities. The goal for the expanded program will be to ensure that, at minimum, this level of diversity continues for both the Veterans and the non-Veteran participants. A key factor in recruiting and retaining participants in the programs will be that the program staff understand the importance of honoring each participant's particular cultural perspective.

As noted above, a key addition to the current PEARLS program and to the alternative treatment approach will be the awareness that older veterans and their spouses may have different needs and issues than the current participants. Older veterans and their spouses may have experienced unique situations that may have resulted in ongoing conditions such as posttraumatic stress disorders. TriWest Healthcare Alliance recently issued a report that noted that active service members may not seek mental health for a number of reasons, such as being perceived as weak for seeking the help or that getting the help would be embarrassing. The report goes on to say that "for those serving in the military, mental health reactions are normal reactions to highly abnormal and stressful situation." [26]

**15. Alignment Within and Across Systems**

The successful recipient(s) will be the organization(s) that most closely provides services that complement and/or augment services and programs provided by the King County Veterans Program and the King County area agency on aging (Aging and Disability Services).

**16. Improvement in access to services**

Older veterans and older adults with chronic health problems will have the opportunity to receive depression intervention assistance through the PEARLS program or through an alternative depression intervention program. Older adults with limited incomes that not eligible for Medicaid and who experience minor depression have had relatively few opportunities to receive therapy. The Levy funding expands the options for treatment for this population of older adults. In addition, eligible older adults participating in the PEARLS program will be evaluated to determine if they need other services available through the case management program.

**17. Provider selection/contracting process**

The proposal is to contract with Aging and Disability Services (ADS) for the PEARLS program, with the proviso that Aging and Disability Services issues a Request for Proposals in order to recruit agencies and organizations serving communities of color. ADS must outline a viable outreach and recruitment plan to enroll older veterans and their spouses into the PEARLS program.

The alternative depression intervention program will be selected through a Request for Proposals process. One representative from each of the two Veterans and Human Services Levy Oversight Boards will be asked to participate on the RFP rating and selection committees.

[26] TriWest Healthcare Alliance, *Breaking Down Barriers to Seeking Mental Health Treatment,* March 22, 2007, page 3.

CSD Aging staff will conduct an initial threshold review of the proposals to ensure that they are complete, and they meet eligibility requirements for funding. Applications will then be assigned to review team members to be read and scored individually, based on set criteria. The review team will review the summarized scores and the ranking of the projects. The review team will meet as a group to discuss the highest ranked proposals. The review team will make award recommendations to the DCHS Director, who will make the final funding decisions.

**18. Process and Outcome Evaluation**

The investment strategy to provide behavioral intervention for older adults experiencing mild depression will be evaluated on both process and outcomes by evaluators hired in the Community Services Division of DCHS. The University of Washington's Health Promotion Research Center has agreed to consult on the evaluation as well.

The impact of the PEARLS Program and the alternative depression intervention program on addressing mild depression in older adults in King County will be evaluated on both process and outcomes by evaluators hired in the DCHS Community Services Division. The Aging program staff will work with the evaluators to measure the effect of the Levy on process issues such as contracting processes, collaboration across the aging network in providing access to services by veterans and other older adults, and on the outcomes listed earlier in this report.

## Attachment A

The following shows the capacity levels of the four major governmental agencies that fund human services. King County, Washington is rich in resources including hospitals, medical clinics, and human services programs. The following shows 2006 data of four of the major governmental agencies that fund human services. Each of the four organizations were asked to provide information on the number of older clients who were depressed. The totals listed below may include older adults who were served by more than one of the agencies.

**Aging and Disability Services** is the designated Area Agency on Aging for King County and is housed within the City of Seattle's Human Services Department. The data shown comes from the case management program. Prior to 2007, the status of Veteran or non-Veteran was not collected in the assessment. Aging and Disability Services (ADS) offers the PEARLS program to case management clients who exhibit symptoms of mild depression.

| | |
|---|---|
| Numbers served who are 55+ | 3,751 |
| Number referred in 2006 to the PEARLS program: | 91 |
| Number in 2006 completed PEARLS program: | 13 |
| Number referred 2007 (as of 5/07) to PEARLS program: | 36 |
| Number served 2007 (as of 5/07) in PEARLS program: | 21 |

**King County Department of Community and Human Services, Mental Health, Chemical Abuse and Dependency Services Division** – Prior to 2007, King County's Mental Health, Chemical Abuse and Dependency Services Division (MHCADS) did not collect veteran's status in the assessment. At this time, King County-funded mental health services are directed toward those residents who are Medicaid eligible and who are experiencing mental health issues listed in the Access to Care Criterion. Mild depression is not included in the Care Criterion.

| | |
|---|---|
| Total Number served in 2006: | 28,108 |
| Numbers served in 2006 aged 60+: | 3,983 |
| Number of Veterans who are aged 60+ | unknown |

**King County Department of Community and Human Services, Community Services Division, Veterans' Program**

| | |
|---|---|
| Estimated Total number of Veterans living in King County: | 161,000 |
| Estimated number 65+ living in King County: | 48,510 |
| Total Number served in 2006 | 2,245 |
| Number served in 2006 aged 55+ | 321 |
| Number 55+ with depression symptoms | unknown |

**Veterans Affairs Puget Sound Health Care System** – The following numbers include all patients aged 55 years or older who were seen in the Primary Care Clinics of the Seattle Division or the American Lakes Veterans' Division sites.

| | |
|---|---|
| Numbers served in 2006 aged 55+: | 6,596 |
| Percentage with one single episode of Major Depression: | 1,227 |
| Percentage with recurrent episodes of Major Depression: | 115 |
| Percentage with depressive disorder NOS and/or Dysthymia | 963 |